



## Indoor Air Quality Problem Reporting Form

**HS9**

### IDENTIFICATION

School: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Work Area (room number): \_\_\_\_\_

**WAS THE PRINCIPAL NOTIFIED OF THE SITUATION?** No  Yes  When: \_\_\_\_\_

### DESCRIPTION OF THE PROBLEM

<b>Symptoms or discomfort experienced</b>	_____ _____
<b>Specific time of the day the symptoms are experienced:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	<b>How many hours have you been at work before symptoms appear?</b> _____
<b>Frequency and duration of symptoms:</b> <b>When do the symptoms subside?</b>	_____ _____
<b>History of symptoms</b> · When were they first noticed? · Have you seen a doctor for these symptoms? No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Date:</b> _____ <b>If yes, when:</b> _____
<b>Building conditions or work activities that may be related to IAQ problems (renovation, new equipment, etc.)</b>	_____ _____

### Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Worker's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
year/month/day

I declare that I have taken notice of the present document.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
Immediate supervisor or replacement year/month/day

**Completed forms must be sent to Human Resources Dept. c/o Health and Safety Office**